



Kent Skating Club Check/Credit Card Request

Date of Request: _____

Requested by: _____

_____ Check Request or _____ Credit Card Request

Name of Payee: _____

Payee Address: _____

Reason for Payment: _____

Amount: _____

Date Due: _____

Office use only:

Check #: _____ Date: _____

Processed by: _____ Date: _____

**** Please attach all receipts, invoices, etc... with this form and submit to the Kent Skating Club Treasurer.***